CAHPS® in the States: Collaboration and Innovation to Maximize Public Resources

A Webcast Sponsored by
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CAHPS User Network

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Introduction

In September 2005, the CAHPS User Network hosted a free Webcast intended to educate and inform State agencies, health plans, and others about beneficial uses of the CAHPS Health Plan Survey. Numerous State agencies have been using this CAHPS survey since it was first released in 1997 to assess the health care services received by the beneficiaries.

However, in light of increasingly tight State budgets, many of these agencies are looking for ways to make the most of scarce resources. Given these budgetary realities, this Webcast was designed to shed light on ways to obtain and use CAHPS data as effectively as possible to monitor and improve quality. To that end, the CAHPS User Network was joined by representatives of two States, Colorado and New York, who discussed their uses of survey results.

A second but no less important purpose of this Webcast was to share information on ongoing updates to the CAHPS Health Plan Survey and the development of a new CAHPS Clinician & Group Survey. A representative of the CAHPS Consortium discussed the ways in which these instruments better address the needs of users as well as the Consortium's plans to refine the Medicaid version and develop technical assistance tools that will help States choose the appropriate items for their programs.

Colorado's Use of CAHPS Data to Meet Title V Program Requirements

The speaker from Colorado was KaraAnn Donovan from the Colorado Department of Public Health & Environment (CDPHE). Ms. Donovan is an epidemiologist and statistician with CDPHE's Children and Youth with Special Health Care Needs Section, which administers the Children with Special Health Care Needs portion of the Title V program in Colorado. (See box for more information about the Title V program.)

In 2002, the Maternal and Child Health Bureau, which oversees the Title V program at the Federal level, established six critical indicators of progress as part of the reporting requirements for State Title V programs. These indicators cover the following topics:

1. Medical Home
2. Insurance Coverage
3. Screening
4. Organization of Services

What is Title V?

The Title V program was established as part of the Social Security Act in 1935 to ensure that mothers and children have access to quality health care services. While the program still covers expecting mothers and newborn children, an expanded focus is to prevent diseases in children and youth with chronic conditions and to promote family-centered care. Thus, Title V programs have two components: Maternal and Child Health and Children with Special Health Care Needs.

Like Medicaid, Title V operates on both a State and Federal level. At the Federal level, the program is administered by the Maternal and Child Health Bureau within the Health Resources and Services Administration, which is part of the Department of Health and Human Services.

5. Families' Roles

6. Transition to Adulthood

Why Use the CAHPS Survey?

In order to comply with the Maternal and Child Health Bureau's reporting standards, Ms. Donovan began researching different methods of acquiring data that could fulfill those requirements. This search led her to the National CAHPS Benchmarking Database. She identified several reasons why data from the CAHPS Health Plan Survey would be optimal for her purposes. First, the Health Plan Survey operationalizes HRSA's definition of children with special health care needs (CSHCN) through screener items that identify these children among all survey respondents.

Second, the results can be used to address some of the Bureau's six national core indicators and key indicators reported by each State, such as Child Health, Access to Care, and Family-Centered Care. A third benefit of the CAHPS survey is that it can be used to conduct a longitudinal analysis of performance. Finally, by choosing to use the CAHPS Health Plan Survey, users can take advantage of the National CAHPS Benchmarking Database (CAHPS Database), which offers comparative data and benchmarks.

The Children with Chronic Conditions Set of the CAHPS Health Plan Survey

The Children with Chronic Conditions set consists of:

- A five-item screener that classifies children with chronic conditions (MCH definition of CSHCN) during the analysis stage after the survey has been administered.
- A set of 31 supplemental questions regarding the health care experiences of children with chronic conditions

For more information, visit the CAHPS Web site: www.cahps.ahrq.gov/content/products/pdf/PROD_HP3_ChildrensChronic.pdf.

Getting Access to CAHPS Data

Having decided that CAHPS Health Plan Survey data would meet her organization's needs, Ms. Donovan then began the process of accessing data through the CAHPS Database since the Section lacked the resources to sponsor the survey itself. She submitted a proposal to the CAHPS Database requesting data, including survey results gathered by the Colorado Department of Healthcare Policy and Financing (CDHCPF), the State's Medicaid agency. With the approval of both the Agency and the Section's Institutional Review Board, the CAHPS Database accepted the proposal and provided Ms. Donovan with the CAHPS data she needed.

Overcoming Challenges Through Collaboration

Ms. Donovan soon encountered a number of challenges associated with using CAHPS data that had been gathered by the Medicaid agency. Although Title V and Medicaid cover similar populations, the project goals are not entirely the same. Accordingly, Ms. Donovan's Section and the Medicaid Agency have different missions, different regulations and protocols, and different information needs. For instance, the Medicaid agency uses a different definition for children with special health care needs and has different programmatic needs for data related to that population. Because the Medicaid agency had modified the Children with Chronic Conditions Set of items to meet their own needs, the data was less useful for Ms. Donovan's Section. In addition, staff turnover and organizational changes made it difficult to maintain a consistent contact person within the agency.

To overcome these challenges and better meet the needs of both organizations, the Section and the Medicaid Agency have been working together to plan a future implementation of the Medicaid version of the CAHPS Health Plan Survey for children. In particular, the Section is currently looking for ways to co-sponsor the survey in order to ensure that the items they need for their analysis are included. Not only will this collaboration help alleviate the financial burden on each organization, but it will also help to ensure

that both are satisfied with the focus of the survey project, the contents of the survey, the data collection process, and the uses of the data. The Medicaid Agency will still be the one to implement the survey, but both organizations will provide funding and take part in designing the project guidelines and protocols.

Using CAHPS to Assess and Improve New York's Medicaid Services

After Ms. Donovan's presentation, listeners heard from Joseph Anarella and Anne Schettine of the Office of Managed Care of the New York State Department of Health (NYSDOH), which administers the State's Medicaid program. Mr. Anarella is Assistant Director of the Office's Bureau of Quality Management, and Ms. Schettine serves as an expert in quality improvement (QI) for the Bureau. New York manages one of the country's largest Medicaid programs; with an annual budget of $44 billion, the program covers 2.6 million recipients enrolled in 28 plans statewide.

The Bureau sponsors biennial implementation of the Child and Adult Medicaid versions of the CAHPS Health Plan Survey 3.0 for each of the 28 plans in the program. On account of the State's large Spanish-speaking population, the Bureau administers the surveys in both Spanish and English.

The Bureau uses the results of these surveys in four ways. First, they distribute the results to the public. To help inform Medicaid recipients about their various purchasing options, the Bureau publishes Medicaid Consumer Guides and a yearly *New York State Managed Care Plan Performance Report*, a comparative performance report that includes CAHPS results. Second, they use the results for research on special populations such as smokers, auto-assignees, and persons with behavioral health problems. Third, the Bureau has a formal quality improvement program that includes an effort to support health plans in improving their performance as measured by the CAHPS survey. Finally, CAHPS results are one component of a pay-for-performance initiative in which health plans receive financial incentives as well as additional auto-assignees based upon their performance. The New York presentation expanded on the latter two uses of the data.

Improving Patients' Experiences with Care

Ms. Schettine noted that while plans often receive data on their performance, they do not always know what the data mean and how to use the information effectively. Her job is to demystify this information and help them drill down into specific areas and turn performance information into actual results.

To support the use of CAHPS data for quality improvement purposes, the Bureau gives each plan an analysis of their CAHPS survey performance that helps them identify areas in need of improvement and establish priorities. The slides from the presentation show an example of the kind of information that the Bureau provides each plan.

As part of the most recent improvement effort, Ms. Schettine also organized a CAHPS QI Day, a special session focused on improvement strategies. The Bureau highlighted use of *The CAHPS Improvement Guide,* and two health plans shared their experiences in understanding and acting on CAHPS results that indicated problems.

Rewarding Strong Performance on CAHPS Measures

Perhaps the most compelling aspect of New York's CAHPS program is its implementation of a pay-for-performance initiative that awards high-performing health plans. The quality incentive program has two

The CAHPS Improvement Guide

Published in October 2003, *The CAHPS Improvement Guide* is a comprehensive resource for health plans and medical groups seeking to improve their performance in the domains of quality measured by the CAHPS Health Plan Survey. The guide was developed by the Harvard CAHPS Team under a grant from the Centers for Medicare & Medicaid Services (CMS). Learn more about The *CAHPS Improvement Guide:* www.cahps.ahrq.gov/content/resources/QI/RES_QI_CAHPSImprovementGuide.asp?p=103&s=31.

components: auto-assignment and additional premium payments. When Medicaid beneficiaries do not choose a health plan in which to enroll, they are automatically assigned to a health plan. In 1999, the Bureau began to consider quality factors in their algorithm for how they assign these enrollees to health plans. Thus, higher performing plans receive a greater percentage of these enrollees. With a pool of approximately 105,000 auto-assignees, an additional $55 million in premium dollars can be earned by high-performing health plans.

In 2002, the Bureau decided to expand this program to include actual monetary payments to plans as compensation for strong performance in CAHPS and HEDIS/QARR1 measures. This pay-for-performance initiative was designed to award a percentage of additional premium payments based on the plan's performance. In the first year of implementation, plans earned up to 1% of additional premium dollars; for the upcoming cycle, that amount has increased to up to 3%. Over the first two years of the program, over $13 million was distributed to high-performing health plans with an estimated $9.3 million to be distributed in the current cycle and an estimated $40 million in the next year. Performance on the following CAHPS measures count as one third of the total score:

- Getting needed care;
- Getting care quickly;
- Problems getting service;
- Rating of personal doctor or nurse; and
- Rating of health plan.

Based on the results of the 2004 survey, 20 of the 28 plans received some additional compensatory payments, ranging from 0.75% to a full 3% of the premium. Eight plans received no additional payments or auto-assignees. Mr. Anarella commented that New York's pay-for-performance program has been met with great enthusiasm from chief executive officers, chief financial officers, and medical directors of health plans, which largely dispels the concern that the financial incentives offered would not be enough money to make a difference to the plans.

Example: MetroPlus Earns Substantial Reward for Good Quality

MetroPlus is a health plan that delivers care to 180,000 Medicaid enrollees in New York City and its surrounding counties. In 2004, MetroPlus was one of four plans to qualify for the full 3% of premium in additional payments based on their strong performance in the five determining measures. Having received $344 million in premium payments from the NYSDOH in 2004, they qualified for an additional $10 million from the pay-for-performance program.

More information about MetroPlus is provided in a profile in Issue 3 of *The CAHPS Connection:* www.cahps.ahrq.gov/content/CAHPSConnection/files/CAHPSConnectionIssue3.html#casestudy.

The CAHPS Team's Efforts to Support State Users

Julie Brown is project leader of the team responsible for the development of the new Ambulatory Care Surveys. She discussed changes to the CAHPS Health Plan Survey, the development of a new survey to gather information about patients' experiences with clinicians and medical groups, and the ways in which States' needs will be addressed during the development process. Changes to the surveys have been motivated by feedback from users requesting products that address multiple levels of ambulatory care and facilitate the use of results to improve quality.

The development process for the Health Plans Survey involves input from users and key stakeholders, cognitive testing, and field testing. As part of this process, refinements will be made to the Medicaid version of the survey. In order to accommodate the diverse interests, needs and structures of State

1 QARR measures are State-specific performance measures required by New York; they are similar to HEDIS measures.

programs, the new survey will include a shorter core questionnaire and a greater number of supplementary sets. This will provide State users with more flexibility to adapt the survey in a way that best suits their program while still maintaining the core set of questions that allow for the benchmarking and longitudinal analysis that have defined CAHPS surveys in the past. The CAHPS User Network is currently seeking input from States to inform the development process. This information will also be used to develop technical assistance materials to help States determine which CAHPS surveys, supplemental sets, and implementation protocols are most appropriate for them.

For More Information

About the Webcast:
Download the complete Webcast transcript:
www.cahps.ahrq.gov/content/community/events/files/StateWebcastTranscript.doc.

Download the speakers' slides:
www.cahps.ahrq.gov/content/community/events/files/StateWebcastPresentations1.ppt.

About the Health Plan Survey:
Go to www.cahps.ahrq.gov/content/products/HP3/PROD_HP3_ExecSummary.asp?p=1021&s=211.